Together for Kids and Families Indicator Report
Updated December 2010

Medical Home

All Nebraska children have access to a medical/dental home and receive high quality health services.

1. Ratio of licensed physicians and licensed dentists to the number of children (0-8)[1]:

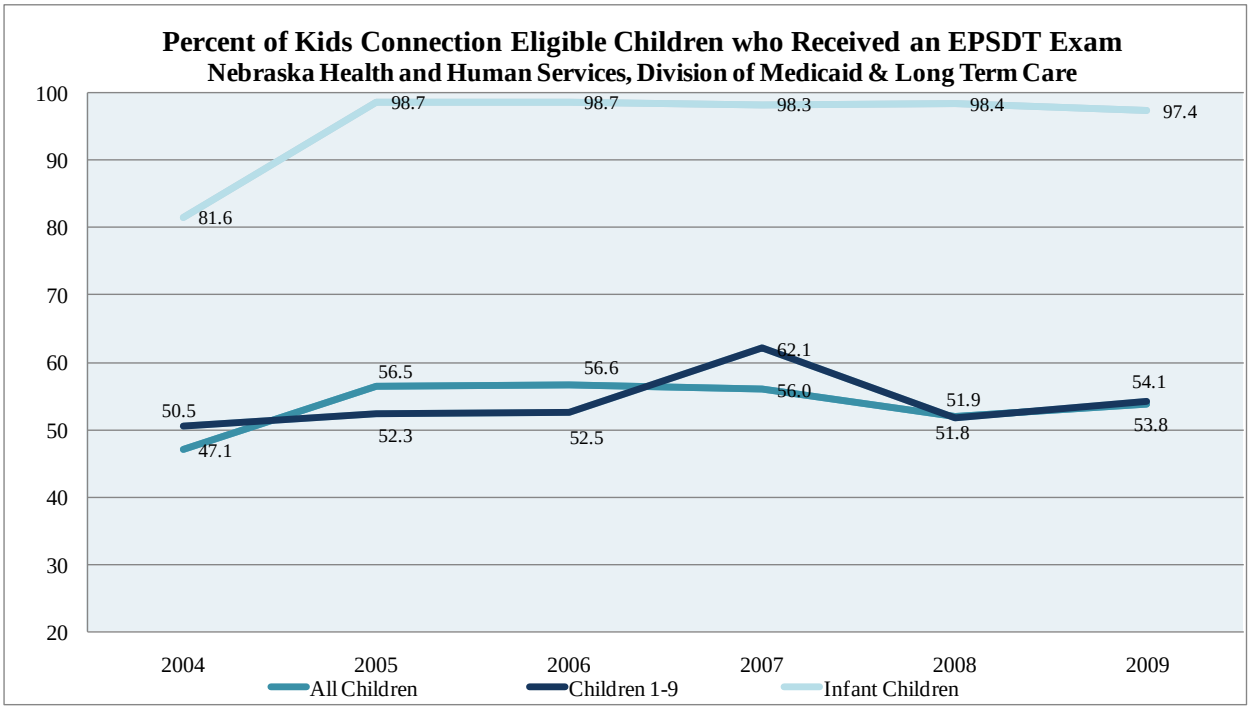
Having access to a medical provider is key to having a medical home. In 2009 Nebraska had a total of 3,499 physicians and 1,002 dentists. There were 19/93 counties without a physician and 22/93 counties without a dentist. The ratio of all providers (physicians and dentists) per child age 0-8 was 1:52 in 2009. However, when considering only pediatricians, family and general practice physicians, and dentists, the ratio is one provider for every 121 children. This remained largely unchanged between 2004 and2009. In 2009, 51% of all medical providers were practicing in Douglas County, Nebraska.

2. Percent of Kids Connection-eligible children who received an EPSDT exam during most recent state fiscal year:

The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid. Required in every state, it is designed to improve the health of low-income children by financing appropriate and necessary pediatric services. EPSDT addresses physical, mental, and developmental health needs. Screening services "to detect physical and mental conditions" must be provided at periodic intervals, as well as diagnostic and treatment coverage.[2]

[1] University of Nebraska Medical Center, Health Professions Tracking Center Directory of Nebraska & Western Iowa Healthcare Resources 2009-2010.

[2] US Department of Health and Human Services, Health Resources and Service Administration. http://www.hrsa.gov/epsdt/default.htm



In 2009, 53.8% of eligible children received at least one periodic exam. The average rate from 2004-2009 was 53.6%, ranging from a low of 47.1% in 2004 and a high of 56.6% in 2006. There was no significant linear increase in these rates. When considering only children 1-9, the average rate was 56.9%,only slightly higher than that of all children (53.6%) but significantly lower than the average rate for infants of 95.6%.

3. Percent of children 19 through 35 months who have received the 4:3:1:3:3:1 immunization series:

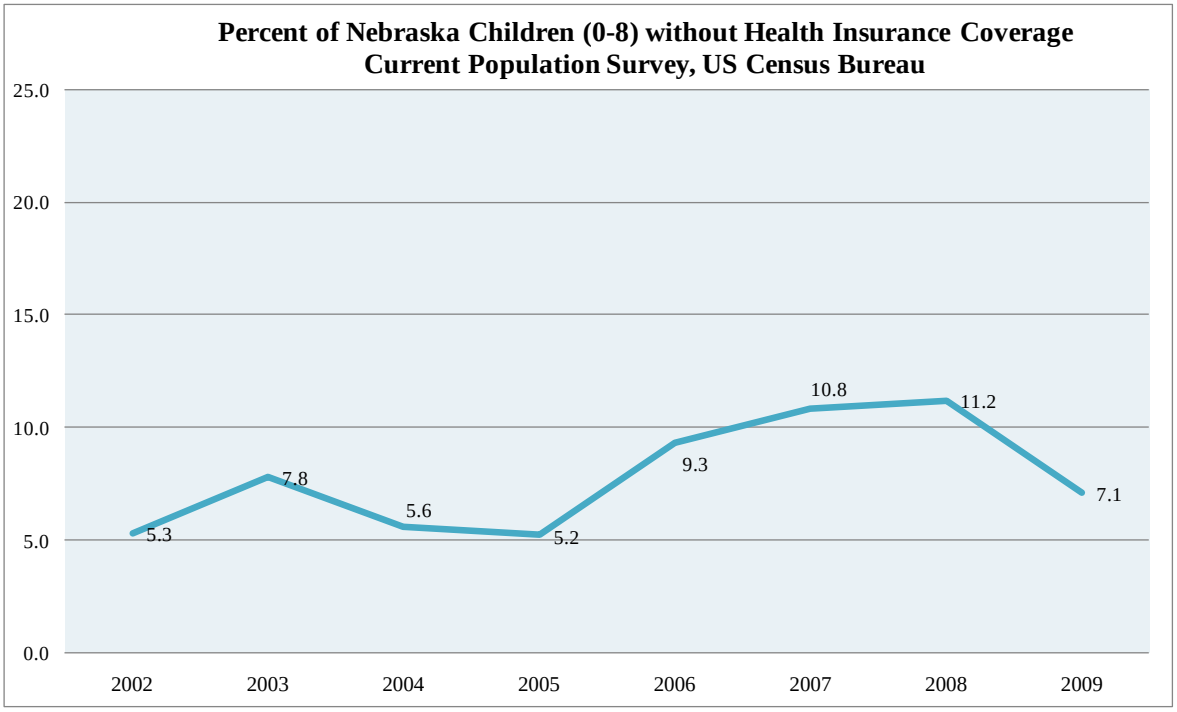
A fully vaccinated child is an indication that the child has received preventive medical care. According to The Centers for Disease Control, the immunization rate for Nebraska's young children averaged 74.3 % between 2004 and 2009, ranging from a high of 82.9% in 2007 to a low of 59.9% in 2009[3] (no significant trend). The lower rate is at least partially due to a shortage of Hib vaccine (the second 3 in the series 4:3:1:3:3:1) that began in 2007 and ended in April of 2010. The drop in the vaccination rate therefore does not necessarily indicate a lack of preventative care for children.

4. Percent of Nebraska children (0-8) who do not have health insurance coverage:

Health insurance at a young age is an important indicator of access and quality of health care. Children with health insurance are more likely to have a Medical Home and receive timely comprehensive care. Access to well-child health care early in life is a crucial component contributing to prevention of chronic health issues over the lifespan.

[3] Centers for Disease Control and Prevention, National Immunization Survey, Estimated Vaccination Coverage* with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area Q1/2009-Q4/2009. http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2009.htm

According to the US Census Bureau the rate of young children without health insurance in Nebraska has been increasing over the past several years, although the *linear* increase is not statistically significant. In 2009, the rate was 7.1%, down from a seven year high of 11.2 % in 2008.



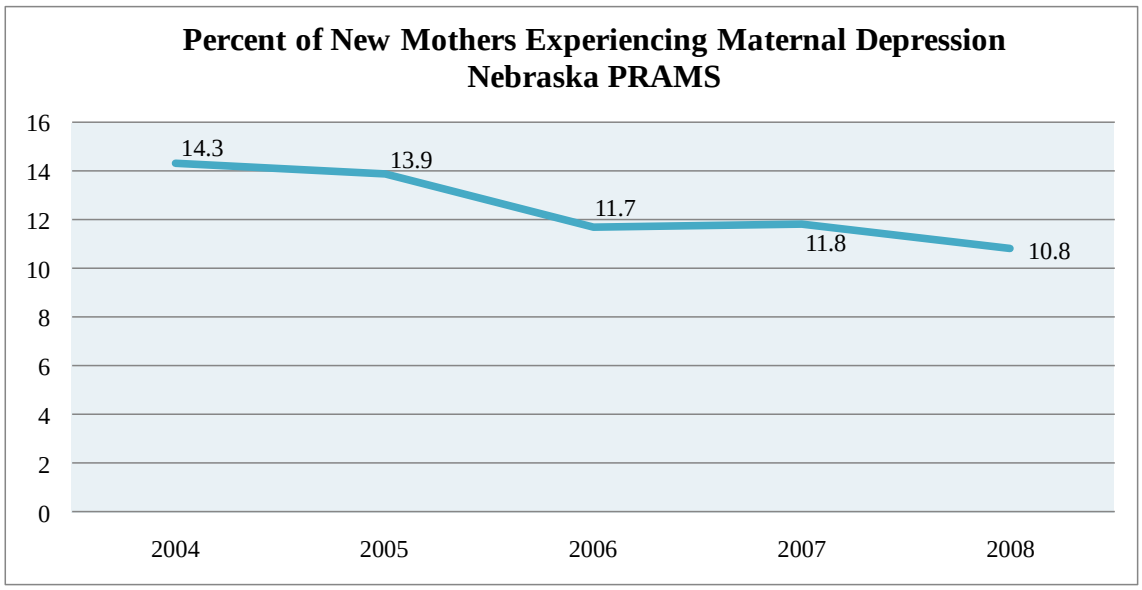
Mental Health

The early childhood social, emotional and behavioral health needs of Nebraska's children are met.

5. Prevalence of new mothers who experienced maternal depression related to their most recent pregnancy:

Depression can interfere with a mother's ability to care for herself and her baby and have a long-term effect on the development of her child. According to Nebraska PRAMS[4], a mother is considered at risk of postpartum depression if she reported that she always or often felt down, depressed or hopeless, OR if she reported always or often having little interest or pleasure in doing things.

Over the five years (2004-2008) these data have been collected, the average rate was 12.5% with a high of 14.3% in 2004 and a low of 10.8% in 2009. These numbers represent a significant linear decline. This decline may be due to raised awareness of depression and its risks leading to earlier intervention.



6. Percent of Kids Connection eligible children receiving mental health treatment:

This indicator focuses on the identification of social-emotional-behavioral issues among Nebraska children and access to treatment. Data for this indicator are limited to those children enrolled in Medicaid or CHIP and do not provide a comprehensive picture of mental health services for all Nebraska children.

On average, 7% of all children 0-8 years enrolled in Medicaid/CHIP benefit programs received mental health treatment services over the past five years (2004 through 2009).[5] The range went from a high of 7.9% in 2007 to a low of 6% in 2009. Interpretation of this indicator is limited by the lack of comparison data for children not receiving benefits through Medicaid/CHIP.

Early Care and Education

Early care and education in Nebraska is high quality, developmentally appropriate and accessible to all children.

7. Percent of licensed child care providers receiving child care subsidy:

The child care subsidy is a supportive resource designed to assist low income families in purchasing quality child care services in order to work or attend school. The child care subsidy is administrated by NDHHS and is primarily funded by the federal Child Care and Development Funds, state matching funds, and federal TANF funds.

In 2010, 45.8% of 4,104[6] licensed providers accepted and received the child care subsidy. The number of providers receiving the subsidy has declined since 2008; this decline, however, is not

[4] Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS), Nebraska Health and Human Services, http://www.dhhs.ne.gov/prams/
[5] Nebraska Department of Health and Human Services, Medicaid Claim Data 2004-2007. Unpublished
[6] Nebraska Department of Health and Human Services, Child Care Subsidy and Licensing program data January, 2010. Unpublished

statistically significant. Knowing and tracking the proportion of licensed providers who receive payments helps to understand access to child care services for families in need, however, many families that would qualify don't apply. Thus a change in the rate of providers receiving the subsidy does not necessarily reduce amount of unmet need.

8. Number of licensed child care slots per 1,000 Nebraska children (0-8):

This indicator illustrates the capacity of the regulated childcare system to adequately serve children and families. The goal is for all children to have access to high quality developmentally appropriate care. Unfortunately, there is no standard measure used to determine quality, and licensing regulations are minimal. The indicator measures the availability of licensed child care slots, but does not measure the number of children who are receiving the care or the unmet demand for services. There were 449.6 available slots per 1,000 children age 0-8 years in 2010.[6] This rate has remained unchanged over the past several years.

Parent Education

Nebraska families support their children's optimal development by providing safe, healthy, and nurturing environments.

9. Percent of mothers who participated in parenting classes during their most recent pregnancy[7]:

This indicator measures the estimated number of new mothers who report attending a parenting class during their pregnancy. It is based on the assumption that parents who participate in parenting classes are more likely to "support their children's healthy development," however, the degree to which this assertion is true is unproven. From 2002-2008, the average participation in parenting classes was 16.6% (range 15.7-18.3%) with no statistical trend detected. Data show that women who attend classes are more likely to older, college educated and married.

Family Support

Nebraska families support their children's optimal development by providing safe, healthy, and nurturing environments.

10. Percentage of Nebraska children (0-8) with family incomes less than 100% of the federal poverty threshold:

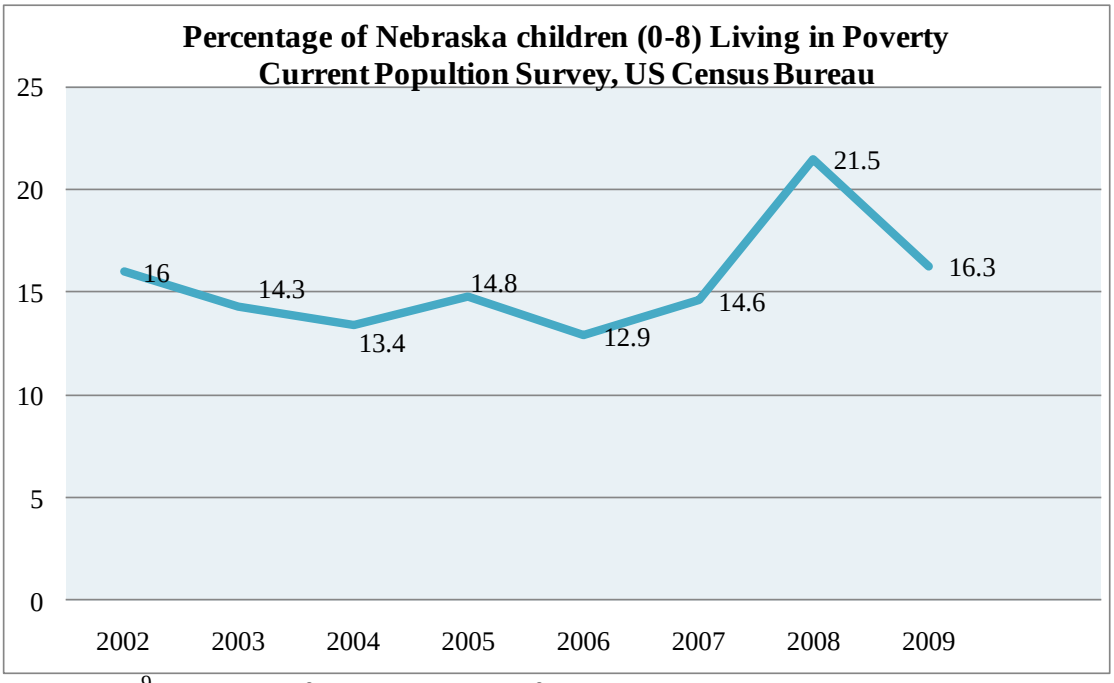
Children raised in poverty are more likely to experience poor health, diminished personal and social development and have decreased educational attainment and earning potential**.**

Poverty status is determined by comparing annual income to a set of dollar values called thresholds that vary by family size, number of children, and age of householder. If a family's before-tax monetary income is less than the dollar value of their threshold, then that family and every individual in it are considered to be in poverty. The poverty thresholds are updated

[7] Nebraska Department of Health and Human Services, Pregnancy Risk Assessment Monitoring System (PRAMS), 2002-2008

annually to allow for changes in the cost of living using the Consumer Price Index (CPI-U). They do not vary geographically.

In 2009, the poverty threshold for a single parent with one related child under the age of 18 was $14,787; for a family of four with two parents and two related children under the age of 18 the poverty threshold was $21,756.[8] In 2009, 16.3% of Nebraska's children less than 9 years old



lived in poverty.[9] While this figure has ranged from 21.5% in 2008 to 12.9 % (2006), the average over the eight years was 14.3% with no significant trend.

11. Rate of substantiated child protective services cases per 1,000 Nebraska children (0-8):

Abuse and neglect can disrupt growth and development, lower self-esteem, perpetuate a cycle of violence and cause or exacerbate mental health problems. According to the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control, children younger than four years of age are at the greatest risk for severe injury or death due to abuse or maltreatment.[10] This is often due to lack of parent education regarding typical development and minimal coping skills.

The rate of abuse for children 0-8 in Nebraska averaged 13.7/1,000 from 2004-2009 and ranged from a low of 12.3/1,000 in 2006 to a high of 15.04 in 2009 with no significant linear trend.[11]

[8] U.S Census Bureau, Poverty Thresholds 2009: Poverty Thresholds for 2009 by Size of Family and Number of Related Children Under 18 Years (Dollars). http://www.census.gov/hhes/www/poverty/data/threshld/index.html

[9] US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2010. http://www.census.gov/cps/

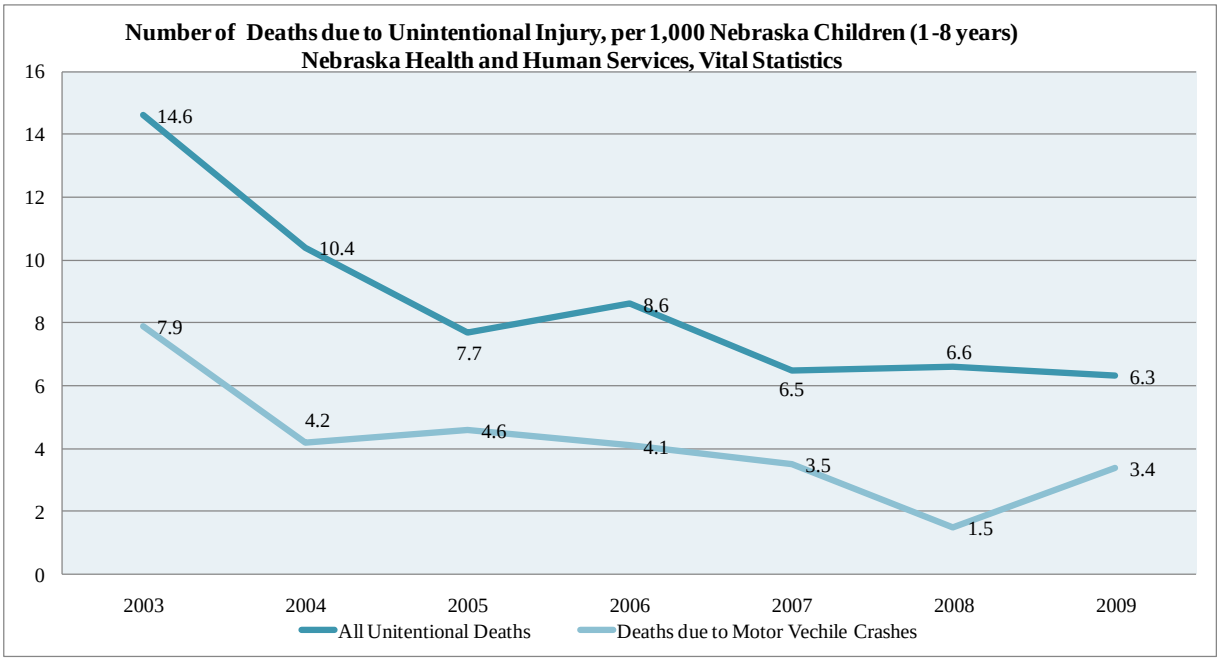
[10] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Child Maltreatment: Fact Sheet, 2008. http://www.cdc.gov/ncipc/dvp/CMP/default.htm

[11] Nebraska Department of Health and Human Services, Child Abuse and Neglect Reports 2004-2009. Unpublished

12. Number of Nebraska children (1-8 years) who die of an unintentional injury, per 100,000:

Unintentional injuries are the leading cause of death and hospitalizations among children 1-8, in Nebraska and Nationally. Unintentional injuries are preventable and include incidents such as motor vehicle crashes, falls, discharge of firearms, drowning, and exposure to smoke, fire, and poisoning.

In 2009, a rate of 6.3/100,000 deaths were reported, down from 14.6 in 2003.[12] This represents a statistically significant decrease. By far the largest contributor to unintentional injury is motor vehicle crashes which showed the same significant decrease over the seven year period (7.9/100,000 in 2003 to 3.4/100,000 in 2009).



[12] Nebraska Department of Health and Human Services, Vital Statistics, 2003-2009. Unpublished